



WATER AND SEWER SERVICE APPLICATION

1	SERVICE INFORMATION	<div style="display: flex; justify-content: space-between;"> First Name Last Name MI Company (if applicable) </div>			
		Address			
		City		State	Zip
		Tax Parcel Number			
		Home Phone		Cell Phone	Daytime Phone
2	BILLING INFORMATION	<div style="display: flex; justify-content: space-between;"> First Name Last Name MI Company (if applicable) </div>			
		Address			
		City		State	Zip
		Home/Cell Phone		Daytime Phone	Email Address
3	CONNECTION SIZE(S)	Domestic Water ✓ Check the appropriate connection size and type:		Sewer ✓ Check the appropriate connection size:	
		Size <input type="checkbox"/> 3/4-inch <input type="checkbox"/> 1-inch <input type="checkbox"/> Using Private Well <input type="checkbox"/> Duplex/Triplex		Size <input type="checkbox"/> 4-inch <input type="checkbox"/> 1½-inch Low Pressure <input type="checkbox"/> Using Private Septic System <input type="checkbox"/> Other	
		3/4-inch is the common residential water service size		4-inch is the common residential sewer service size	
4	IRRIGATION SIZE(S)	Irrigation ✓ Check the appropriate connection size:			
		<input type="checkbox"/> 3/4-inch <input type="checkbox"/> Split Connection <input type="checkbox"/> Dedicated Connection <input type="checkbox"/> 1-inch (Dedicated Connection, only)			
		3/4-inch is the common residential irrigation service size			
		For Split Irrigation Requests: Is/will Domestic Meter Box be located in concrete? <input type="checkbox"/> Yes <input type="checkbox"/> No All requests for irrigation service must be accompanied by a <u>Backflow Prevention Service Application</u> .			
Office Use Only	REMARKS				
		NCDOT Road: <input type="checkbox"/> Y <input type="checkbox"/> N / NCDOT Encroachment Required? _____		Water Main Size: _____ Sewer Main Size _____	
		Map # _____ Side/Cross Street _____		Customer # _____ Premise # _____	
		Water: <input type="checkbox"/> Short Side/ <input type="checkbox"/> Long Side/ <input type="checkbox"/> Side Street/ <input type="checkbox"/> Ext Req		Water Inv # _____ Sewer Inv # _____	
		Sewer: <input type="checkbox"/> Short Side/ <input type="checkbox"/> Long Side/ <input type="checkbox"/> Side Street/ <input type="checkbox"/> Ext Req		Water S/O # _____ Sewer S/O # _____	
Project #(s) _____		Sewer S/O # _____ Sewer S/O # _____			
Notes: _____		Cycle: _____ Route: _____			

CUSTOMER SHALL INDICATE SERVICE LOCATION(S) WITH SUPPLIED FLAG OR OTHER MEANS OF MARKING UPON PAYMENT

Mail or deliver this application along with a check or money order to:

CHARLOTTE WATER

Customer Service

5100 Brookshire Boulevard

Charlotte, NC 28216

www.charlottewater.org (New Connections)

Last Revision: July 2018

